

03500.015319

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

)

Examiner: D. Singh

NOBUO TSUCHIYA

)

Group Art Unit: 2633

Application No.: 09/839,140

)

Filed: April 23, 2001

)

For: OPTICAL SIGNAL RECEIVER
AND OPTICAL SPACE
TRANSMISSION SYSTEM

)

March 11, 2004

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RECEIVED

MAR 16 2004

Technology Center 2600

AMENDMENT

Sir:

Prior to examination on the merits, please amend the above-identified

application as follows.

In re Application of:

NOBUO TSUCHIYA

Application No.: 09/839,140

Filed: April 23, 2001

For: OPTICAL SIGNAL RECEIVER
AND OPTICAL SPACE
TRANSMISSION SYSTEM



Docket No. 03500.015319

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Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|---|-------|---------------------------------------|------------------|----------------|-------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 58 | MINUS | 40 | 18 | x \$9 \$18 | \$324.00 |
| INDEP. CLAIMS | 2 | MINUS | 3 | 0 | x \$43 \$86 | 0.00 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | 0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$324.00 |

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 324.00 is enclosed.

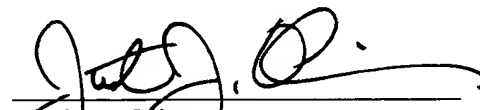
☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.


Justin J. Oliver
Attorney for Applicant
Reg. No. 44,986

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